

DOCUMENT RESUME

ED 336 015

HE 024 835

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TITLE Academic Health Center Faculty at Work. AIR 1991
Annual Forum Paper.
PUB DATE May 91
NOTE 26p.; Paper presented at the Annual Forum of the
Association for Institutional Research (31st, San
Francisco, CA, May 26-29, 1991).
PUB TYPE Speeches/Conference Papers (150) -- Reports -
Research/Technical (143)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Faculty College Relationship; Higher Education;
Liberal Arts; *Medical Education; *Medical School
Faculty; Medical Schools; *Teacher Attitudes; *Work
Attitudes
IDENTIFIERS *AIR Forum; *University of Mississippi Medical
Center

ABSTRACT

This paper extends part of a study conducted by the National Center for Research to Improve Postsecondary Teaching and Learning on perceptions of college faculty members regarding their work. This study extends the analysis to include the attitudes of faculty at an academic health center (the University of Mississippi Medical Center). The study used a modified version of the "Faculty at Work" instrument containing questions in the areas of: (1) attributes of valued faculty members; (2) faculty influence on matters important to their work; and (3) perceptions of the campus environment. Responses by 250 faculty members (a 50% response) were compared to those in the original study. The study found no relationship between the rankings of academic health center faculty and liberal arts faculty; no relationship in the rankings of the values and attitudes characteristic of valued faculty members; far more emphasis given to publishing as important for the liberal arts faculty; similarity in valued personality characteristics; significant differences between the two groups on items involving the campus environment; and significant differences between groups in the perception of degree of faculty influence over various outcomes. Results suggest the existence of a separate culture of academic health center faculty. Includes 10 references. (DB)

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43

ED 336 015

ACADEMIC HEALTH CENTER FACULTY AT WORK

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San Francisco, California
May 26-29, 1991

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This paper was presented at the Thirty-First Annual Forum of the Association for Institutional Research held at The Westin St. Francis, San Francisco, California, May 26-29, 1991. This paper was reviewed by the AIR Forum Publications Committee and was judged to be of high quality and of interest to others concerned with the research of higher education. It has therefore been selected to be included in the ERIC Collection of Forum Papers.

Jean Endo
Chair and Editor
Forum Publications Editorial
Advisory Committee

ABSTRACT

Research exists on perceptions of faculty members regarding their work. The major project in this area, Faculty at Work, done by the National Center for Research to Improve Postsecondary Teaching and Learning (NCRIPTAL), surveyed perceptions in seven areas of nearly 4000 faculty members. A limitation of that study is that it included only faculty in eight arts and sciences disciplines. This paper extends part of the NCRIPTAL survey to academic health center faculty. These faculty represent disciplines not included in the NCRIPTAL study and work at campuses unlike those of liberal arts faculty. This paper describes perceptions of academic health center faculty and compares them to those of NCRIPTAL's arts and sciences faculty.

Note

It would not have been possible to produce this paper without the cooperation of Robert T. Blackburn of The University of Michigan, Director of the Faculty at Work project. First, Dr. Blackburn authorized the adaptation of the copyrighted Faculty at Work survey to the academic health center setting. Second, Dr. Blackburn provided 205 unpublished tables of the responses of liberal arts faculty members to the Faculty at Work survey that permitted the comparisons of academic health center faculty and liberal arts faculty members that appear herein.

Academic Health Center Faculty at Work

A major national survey, Faculty at Work: A Survey of Motivations, Expectations, and Satisfaction by the National Center for Research to Improve Postsecondary Teaching and Learning (NCRIPTAL), examined the "perception of the climate of the work environment" of nearly four thousand liberal arts faculty members. One report of the "Faculty at Work" data compared the perceptions of faculty members with those of administrators gathered in a companion survey, Administrators' Views of Faculty at Work: A Survey of Motivations, Expectations, and Satisfaction. That report (Blackburn & Lawrence, 1990) began by citing several "mostly undocumented contentions" (p. 1) regarding faculty perceptions and ended by finding "some evidence to support the claims of the separation of administrators from faculty, the claims that prompted our inquiry" (p. 14). Blackburn and Lawrence found "signs pointing to the existence of two distinct cultures: faculty and administrators . . . faculty and administrators have different views on a number of important matters" (p. 14).

But, is one "culture" sufficient to accommodate the perceptions of faculty members? Baldwin (1987) refers to the "great complexity and variation that exist within the academic profession" (pp. 103-104) and asserts that "more research on the full range of faculty subgroups is needed before a truly representative profile on the academic profession can be compiled" (p. 110).

The Faculty at Work survey data provide an opportunity to address Baldwin's call for research on the range of faculty subgroups. The 3,972 respondents represent the 10

Carnegie institutional types (research I, research II, doctoral I, doctoral II, comprehensive I, comprehensive II, liberal arts I, liberal arts II, public community college, and private community college). In addition, data were collected to permit analyses on the basis of highest degree, unit of principal teaching appointment, years of faculty experience at current institution, total years of faculty experience, gender, academic rank, tenure status, race, and other variables.

In one respect, however, the Faculty at Work data cannot be used to address Baldwin's call for research on the full range of faculty subgroups. All of the faculty members included in that survey were from eight arts and sciences disciplines: history, english, biology, chemistry, mathematics, political science, psychology, and sociology. Although these faculty members represent the range of Carnegie institutional types cited earlier, there is at least one type of institution from which faculty members were not included in the Faculty at Work study -- the academic health center. Academic health centers may be attached to universities in several of the Carnegie categories (Research I, Research II, Doctoral I, Doctoral II) but, the disciplines represented at academic health centers were not included in the Faculty at Work survey. This omission, or lack of representation, seems significant for, as Baldwin puts it, "there seems little doubt that professors in humanities and professors in applied professional fields [such as those at academic health centers] look at the world in different ways" (p. 105).

Just as Blackburn and Lawrence began with "mostly undocumented contentions" concerning the separation of faculty members and administrators, this study begins with

similar contentions concerning differences between academic health centers and other types of universities.

Heyssel (1985, p. 119) noted the concern that "the academic medical center and the medical faculty are far on the periphery of the university." Hogness and Akin (1977, p. 658) lament "the inability of some university administrators to understand why units in the academic health center are not exactly like departments in arts-and-sciences colleges, and why they must be managed in somewhat different ways." Krevans (1982, p. 23) asserted "there is no question that the academic medical centers present their parent universities with difficult and peculiar governance problems." The Commission for the Study of the Governance of the Academic Medical Center (1970, p. 14) identified several characteristics which "make governance more complicated in a medical center than in other organizations that may be as large and whose function may be as complex."

With regard to faculty, Hogness and Akin (p. 658) note "conflicts in the orientation and interests of health-sciences and other university faculties, resulting in . . . lack of understanding, on the part of the latter, of the concerns and interests of the health-sciences faculty." The Commission for the Study of the Governance of the Academic Medical Center noted (pp. 14-15) that, in order to fulfill various institutional responsibilities, medical center faculty members "accept assignments and supervision that are not entailed in the traditional roles of faculty or physicians."

Despite these various contentions concerning differences between academic health centers and other institutional types and their respective faculties, "most health-science educators and university-wide administrators have been strong advocates of integration

of academic health centers with their parent universities" (Hogness & Akin, p. 658). The Commission for the Study of the Governance of the Academic Medical Center (p. 19-20) argues that "the medical center should to the maximum degree possible be an integral part of the university in fact as well as in name . . . wherever possible academic integration should be fostered." Krevans, speaking as chairman of the Association of American Medical Colleges, advises universities to "avoid administrative arrangements which create the perception that the faculties in the schools of medicine and the other health professions are different from faculties in other academic departments" (1982, p. 23).

Despite Krevans desire to avoid the perception that health center faculty are different from other faculties, the contentions related earlier regarding their differences may, in fact, be correct. If academic health centers contain a faculty culture distinct from that of other institutional types, the characteristics of that culture need to be described. Weldon (1987, pp. 114-115), also speaking as chairman of the Association of American Medical Colleges, stated that "the future of academic medicine clamors . . . for leadership, that is, the capacity to discern issues yet unknown, the ability to inspire the skeptical, and the courage to shame the arrogant." Weldon's leaders must be armed with the ability to identify areas of skepticism and arrogance on the part of their faculties as well as with an understanding of other faculty characteristics and perceptions. After all, according to Melinkoff (1977), "the character of those involved and their shared mission, more than their diagnostic representation in a table of organization are likely to influence both achievements and failures."

This paper supplements the Faculty at Work survey by extending portions of it to faculty at an academic health center. A modified version of the Faculty at Work instrument containing questions in the areas of (1) attributes of valued faculty members, (2) faculty influence on matters important to their work, and (3) perceptions of the campus environment was administered to academic health center faculty members.

The perceptions of academic health center faculty members in these areas are described. In addition, the perceptions of academic health center faculty members are compared with those of liberal arts faculty members who responded to the NCRIPTAL Faculty at Work survey and statistical tests have been conducted to identify areas in which academic health center faculty members are different from liberal arts faculty members.

Method

Subjects

There are two sets of subjects in this study, faculty members at an academic health center who were surveyed specifically for this study and liberal arts faculty members at research and doctoral institutions for whom data from the NCRIPTAL Faculty at Work survey is used. A list was obtained identifying all paid faculty members at the University of Mississippi Medical Center. After eliminating faculty members with "clinical" appointments (primarily private practice dentists and family physicians who work part-time in the dental or family medicine clinics, respectively), 497 regular paid faculty members remained. Surveys were distributed to these 497 faculty members and responses were received from 250, or 50.3%. The proportion of

respondents from each of the medical center's schools almost precisely reflects each school's proportion of the total number of full-time faculty members and of paid faculty members (University of Mississippi Medical Center, p. 42). These 250 respondents constitute the academic health center group.

The liberal arts group consists of the 1463 faculty members from the four research and doctoral Carnegie institutional types (Research Universities-I, Research Universities-II, Doctoral Universities-I, and Doctoral Universities-II) who participated in the National Center for Research to Improve Postsecondary Teaching and Learning's Faculty at Work survey. More complete profiles of these subjects are available in the works of the NCRIPTAL researchers (for example, Blackburn and Lawrence, 1990). Only the NCRIPTAL respondents from research and doctoral institutions were used because these institutions are most similar to academic health centers in terms of the levels of instruction offered and the extent of research activities. No additional data were collected from the liberal arts faculty members for this study, only their responses to the NCRIPTAL survey are used.

Instrument

An instrument, Survey of Academic Health Center Faculty, adapted from the Faculty at Work survey was distributed to the subjects in the academic health center group. The subjects in the liberal arts group, of course, completed the actual Faculty at Work survey.

Following various demographic questions concerning rank, tenure status, gender, length of service, and other variables, the academic health center survey consisted of two

major sections of questions. The first section listed sets of phrases describing (1) skills and abilities, (2) values and attitudes, and (3) personality characteristics. The respondents were asked to indicate the extent to which each of the phrases describes the faculty members who they believe are valued at their institution. A four point Likert-type scale was used ranging from "Not at all characteristic" to "Highly characteristic." This portion of the survey follows the wording of the original Faculty at Work survey with the following exceptions: (1) an item, "has excellent clinical skills", was added to the list of skills and abilities; (2) an item, "is highly committed to excellent patient care", was added to the list of values and attitudes; and (3) the item, "is dedicated to the liberal arts", was deleted from the list of values and attitudes.

The second section contained a variety of questions concerning faculty beliefs about the campus environment and about the level of faculty influence over various outcomes. Each of these items was rated on a four point Likert-type scale. The wording of the anchors varied with the phrasing of the questions ("Really no influence at all" to "Substantial influence", "Strongly disagree" to "Strongly agree", etc.). Finally, one item not associated with either section sought the faculty members' level of agreement with the statement: "If you were to begin your career again, would you still want to be a faculty member?"

Data Analysis

Characteristics of Valued Faculty Members

The number of academic health center faculty who selected each option for each of the items on the three lists was tallied. Then, the mean response for each item was

calculated by assigning a value of 1 to "Not at all characteristic", 2 to "Slightly characteristic", 3 to "Somewhat characteristic", and 4 to "Highly characteristic". This same procedure was followed by Blackburn and Lawrence (1990).

The NCRIPTAL researchers made available unpublished tables showing the percentage of respondents in each Carnegie institutional type who selected each option on all items as well as the total number of respondents from each institutional type. From these tables, the number of faculty members from research and doctoral institutions who selected each option was calculated. The mean responses for each item were then calculated as described above.

Finally, the phrases on each of the three lists (skills and abilities, values and attitudes, personality characteristics) were ranked by their mean scores for the two groups of subjects. Spearman rank order correlation coefficients of the ranking of academic health center faculty members with the rankings of liberal arts faculty members of items common to both groups were calculated.

Other Questions

With regard to all other survey questions, the number of academic health center faculty members who selected each choice was tallied and the number of liberal arts faculty members who selected each choice was calculated as described above. Then, the overall percentages of liberal arts faculty members from research and doctoral institutions who selected each choice were calculated. Finally, the goodness-of-fit of the observed numbers of academic health center faculty members who selected each choice

with the theoretical number based on percentages from the liberal arts faculty members was tested.

Results

Academic health center faculty members and liberal arts faculty members differ in their perceptions of the skills and abilities of the valued faculty on their campuses. Similarly, these two groups differ in their perceptions of the values and attitudes of valued faculty members. There is, however, a great deal of agreement between academic health center faculty members and liberal arts faculty members in their perceptions of the personality characteristics of valued faculty members.

The perceptions of academic health center faculty differ from liberal arts faculty with regard to all aspects of the campus environment about which questions were asked. Similarly, the perceptions of academic health center faculty members differ from those of liberal arts faculty with regard to the level of faculty influence over most matters important to their work.

Characteristics of Valued Faculty Members

Skills and Abilities

The two surveys presented respondents with a list of either 10 (liberal arts) or 11 (academic health center) skills or abilities. As described earlier, faculty members rated the extent to which each skill or ability characterized the valued faculty members at their institutions and the mean rating of each characteristic was calculated for both groups. The skills and abilities were then ranked from highest mean score to lowest mean score in order to assess the relative extent to which faculty members perceive these

skills and abilities to characterize the valued faculty members on their campuses. The rankings of the 10 characteristics common to both surveys appear in Table 1. The Spearman rank order correlation coefficient of the academic health center and liberal arts sets of rankings is $r_s = .35$. This correlation coefficient is not significant. One characteristic was rated by the academic health center faculty members but not by the liberal arts faculty members. When included, this characteristic, excellent clinical skills, ranked as the fifth most characteristic skill or ability of valued faculty members at the academic health center.

Table 1
Ranked Skills and Abilities of Valued Faculty Members
(Characteristics Common to Both Groups Only)

	Academic Health Center		NCRIPAL Data on
	All Faculty	Basic Science Faculty	Liberal Arts Faculty
Teaches effectively	2	6	5
Keeps abreast of developments in the discipline	1	4	2
Obtains grants	8	2.5 (tie)	3
Communicates well	4	5	4
Publishes	5	1	1
Is organized	10	9	8
Works skillfully with students	6	8	7
Responds to requests	9	7	9
Is an excellent lecturer	7	10	6
Knows how to work the system	3	2.5 (tie)	10

The skills and abilities were also ranked based on the ratings of only the basic science faculty members at the academic health center. These rankings also appear in Table 1. The Spearman rank order correlation coefficient of the basic scientists' rankings and the liberal arts faculty members' rankings is $r_s = .49$. This correlation coefficient is not significant.

Values and Attitudes

The two surveys each presented faculty with lists of 10 values or attitudes. Nine of the values or attitudes were common to both lists and each list contained one value or attitude unique to that list. The mean ratings of each characteristic were calculated for the two groups and the characteristics were then ranked for each group. The rankings for the nine characteristics common to both surveys appear in Table 2. The Spearman rank order correlation coefficient of the academic health center and liberal arts rankings is $r_s = .28$. This correlation coefficient is not significant. When included, the characteristic that appeared only on the academic health center survey, highly committed to excellent patient care, ranked as the third most characteristic value or attitude of valued faculty members. When included, the characteristic that appeared only on the liberal arts survey, dedicated to the liberal arts, ranked as the least characteristic value or attitude of valued faculty members.

The values and attitudes were also ranked based on the ratings of only the basic science faculty members at the academic health center. These rankings also appear in Table 2. The Spearman rank order correlation coefficient of the basic scientists'

rankings and the liberal arts faculty members' rankings is $r_s = .53$. This correlation coefficient is not significant.

Table 2
Ranked Values and Attitudes of Valued Faculty Members
(Characteristics Common to Both Groups Only)

	Academic Health Center All Faculty	Basic Science Faculty	NCRIPTAL Data on Liberal Arts Faculty
Is highly committed to teaching	6	9	7
Is concerned about students	7	8	6
Believes in the virtue of hard work	3	2	3
Is highly committed to research	9	1	1
Holds high standards	2	5	2
Has integrity	1	4	4
Respects others	4	7	5
Is a team player	5	3	8
Is devoted to the institution	8	6	9

Personality Characteristics

Both surveys presented respondents with identical lists of 10 personality characteristics. The mean ratings of the personality characteristics by each group were calculated and the personality characteristics were then ranked for each group. The

rankings of the 10 characteristics appear in Table 3. The Spearman rank order correlation coefficient of the two sets of rankings is $r_s = .81$, $p < .01$.

The personality characteristics were also ranked based on the ratings of only the basic science faculty members at the academic health center. These rankings also appear in Table 3. The Spearman rank order correlation coefficient of the basic scientists' rankings and the liberal arts faculty members' rankings is $r_s = .92$, $p < .01$.

Table 3
Ranked Personality Characteristics of Valued Faculty Members

	Academic Health Center		NCRIPTAL Data on
	All Faculty	Basic Science Faculty	Liberal Arts Faculty
Is supportive	4	6	6
Is understanding	7	7	7
Is open	9	9	9
Is candid	10	10	10
Has a sense of humor	8	8	8
Is personable	3	5	5
Is dedicated	1	2 (tie)	3
Is ambitious	5	4	1
Is competitive	6	2 (tie)	4
Is perseverant	2	2 (tie)	2

Other Questions

The two surveys contained 12 additional questions in common; six regarding faculty influence on matters important to their work, five involving beliefs about the campus environment, and the question concerning whether the respondents would want to be faculty members if beginning their careers anew. The observed number of academic health center respondents selecting each choice was compared to the number that would be expected if the liberal arts' proportions held. The goodness-of-fit of the observed frequencies with the expected frequencies were tested using Chi-square.

Begin Career Again

Both surveys asked their respective respondents whether or not they would become faculty members again if they were beginning their careers. The responses of the two groups appear in Table 4. The Chi-square goodness-of-fit of the observed number of academic health center faculty reporting each response and the expected number is $\chi^2(3, N=247) = 17.50, p < .001$.

Table 4
Willing to Begin Faculty Careers Again

	Academic Health Center		NCRIPTAL's Liberal Arts Faculty	
	Number	Percent	Number	Percent
Definitely Yes	122	49.4%	852	58.5%
Probably Yes	102	41.3%	441	30.3%
Probably No	22	8.9%	128	8.8%
Definitely No	1	0.4%	35	2.4%

Campus Environment

Five questions assessed the level of faculty agreement with statements concerning the campus environment. These statements asserted that (1) the administration could be trusted to act in the best interests of the institution, (2) faculty groups could be trusted to act in the best interests of the institution, (3) some units receive more than their fair share of resources, (4) support services for teaching help faculty teach what and how they would like, and (5) the available collegial resources help enrich teaching. Chi-square tests of the goodness-of-fit of the academic health center faculty's observed responses with the expected responses appear in Table 5.

Table 5
Perceptions of the Campus Environment
Observed and Expected Responses of Academic Health Center Faculty

	Strongly Disagree	Tend to Disagree	Tend to Agree	Strongly Agree	χ^2
Can trust administration	24 (58.0)	47 (73.7)	132 (111.4)	47 (6.9)	265.49***
Can trust faculty groups	9 (20.6)	48 (60.5)	147 (152.4)	45 (15.5)	65.66***
Resource allocation unfair	14 (6.3)	61 (42.8)	92 (99.4)	77 (95.5)	21.43***
Support services help	5 (22.2)	11 (60.1)	146 (131.5)	88 (36.2)	128.96***
Collegial resources help	7 (21.5)	32 (66.1)	142 (166.6)	68 (44.9)	44.79***

Note. Expected frequencies are shown in parentheses.

*** $p < .001$

Faculty Influence

Six questions concerned the degree of faculty influence over (1) departmental curriculum decisions, (2) selecting their unit's next chair, (3) selecting new faculty members (4) establishing admission requirements, (5) establishing graduation requirements, and (6) establishing criteria for annual review of faculty. Chi-square tests of the goodness-of-fit of the academic health center faculty's observed responses and the expected responses appear in Table 6.

Table 6
Perceptions of Faculty Influence
Observed and Expected Responses of Academic Health Center Faculty

	Really no Influence at all	Minor Influence	Some Influence	Substantial Influence	
Curriculum decisions	19 (12.7)	49 (43.9)	102 (117.6)	79 (74.9)	6.03
Selecting next chair	54 (27.9)	89 (59.4)	89 (109.0)	16 (51.8)	67.70***
Selecting new faculty	20 (14.4)	65 (49.8)	110 (118.1)	55 (67.8)	9.79*
Admissions req.	72 (114.0)	89 (70.3)	63 (46.6)	23 (16.1)	29.16***
Graduation req.	67 (101.1)	86 (82.5)	71 (55.1)	23 (8.4)	42.00***
Evaluation criteria	66 (53.5)	96 (75.1)	72 (90.2)	13 (28.3)	20.70***

Notes. Expected frequencies shown in parentheses.

* $p < .05$ *** $p < .001$

Discussion

This paper began by citing several assertions of differences between academic health centers and other higher education institutions. By comparing the perceptions of faculty members at the two types of institutions, these assertions may now be evaluated.

In rating the skills and abilities of valued faculty members on their campuses, there was no relationship between the rankings of academic health center faculty and liberal arts faculty. The academic health center is perceived to value effective teaching and knowing how to work the system more so than other institutions. Conversely, the NCRIPTAL institutions are perceived to value obtaining grants and publishing more so than the academic health center.

Similarly, there was no relationship in the rankings of the values and attitudes that were perceived to be characteristic of valued faculty members at the academic health center and those at the other institutions. The academic health center is perceived to value integrity and being a team player more so than the other institutions. The NCRIPTAL institutions are perceived to value being highly committed to research much more so than the academic health center.

The ratings of the liberal arts faculty members were also compared to those of the academic health center's basic science faculty. These faculty, in such fields as anatomy, biochemistry, physiology, microbiology, and pharmacology are superficially more like liberal arts faculty members than are other academic health center faculty. Basic science faculty generally hold Ph.D. rather than professional degrees, they supervise graduate students and postdoctoral fellows in their laboratories, and their

departments offer M.S. and Ph.D. degrees. As expected, the calculated correlation coefficients of basic scientists with liberal arts faculty members exceeded those of all academic health center faculty members with liberal arts faculty members for both skills/abilities and values/attitudes.

The basic science faculty, like the liberal arts faculty, rank "publishes" as the skill or ability that most characterizes valued faculty members. Overall, that characteristic ranks fifth among academic health center faculty. Even more dramatically, the basic science faculty and the liberal arts faculty both ranked "is highly committed to research" as the value or attitude that is most characteristic of valued faculty members. Overall, this characteristic was ranked as the ninth (out of nine) most characteristic value or attitude of valued faculty members.

The rankings of personality characteristics by the academic health center and liberal arts groups were very similar and the correlation coefficient was significant at the .01 level. Thus, although the two types of faculty members perceive their respective institutions to value different sets of skills and abilities and different sets of values and attitudes than the other, they perceive the personality characteristics of valued faculty members to be the same.

Significant differences were found between the perceptions of academic health center faculty and liberal arts faculty on all items involving the campus environment. Academic health center faculty exhibited greater trust in the administration and in faculty groups than did liberal arts faculty members. They were more satisfied with support services and with collegial resources than were liberal arts faculty members.

There was less perception of unfairness in the allocation of resources among academic health center faculty members than among liberal arts faculty members.

Significant differences were also found in the perception of the degree of faculty influence over various outcomes. Academic health center faculty members believe they have less influence over faculty issues (selecting faculty, selecting the next chair, establishing criteria for faculty review) than do liberal arts faculty members. They do, however, believe they have more control over student issues (admissions requirements and graduation requirements) than do liberal arts faculty members.

The Faculty at Work survey by the National Center for Research to Improve Postsecondary Teaching and Learning has created a valuable resource for the study of faculty perceptions. This paper, however, provides evidence that there is not a unitary faculty culture of which those data are representative. Rather, as Baldwin asserts, there is "great complexity and variation" (p. 103) among the faculty subgroups.

This paper is limited in that only a single academic health center was studied. It may be, for example, that the extraordinary trust in the administration is a characteristic not of academic health centers in general, but of the administration of this single center. Additional research of several academic health centers should be conducted to separate the "academic health center" effect from the unique traits of this institution. Nevertheless, this paper provides evidence of a separate culture of academic health center faculty with its own perceptions of (1) the characteristics of valued faculty, (2) the campus environment, and (3) the extent of faculty influence over important aspects of their work.

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